MINUTES OF THE FEBRUARY 22, 2012 MEETING
OF THE E-PRESCRIBING WORK GROUP OF THE
ILLINOIS OFFICE OF HEALTH INFORMATION TECHNOLOGY

The e-Prescribing Work Group of the Illinois Office of Health Information Technology (OHIT) pursuant to notice duly given, held a meeting at 10:00 a.m. on February 22, 2012 at the State of Illinois J.R. Thompson Center in downtown Chicago, Illinois and via teleconference.

Work Group Members Present:	OHIT Staff Present:
1. Phil Burgess, Illinois State Board of Pharmacy	1. Krysta Heaney
Work Group Members Present by Conference Phone:	2. Saro Loucks
1. Anita Corey, Illinois Department of Healthcare and Family Services (HFS)	3. Mary McGinnis
2. Andrew Hamilton, Alliance of Chicago Health Network	4. Sheryl Reyes
3. Bruce Johnson, HFS	
4. Elizabeth McKnight, Alliance of Chicago Health Network	
5. Renee Perry, HFS	
6. Sony Rao, Rush University	
7. Blake Roth, HFS	

Welcome and Introduction of Members

Mary McGinnis (Mary) introduced herself and welcomed the attending members. Members in attendance introduced themselves along with a brief overview of their background and interest in e-prescribing.

e-Prescribing Statistics

Krysta Heaney (Krysta) presented an overview of e-prescribing pharmacy adoption in Illinois. **Krysta** also provided an overview of OHIT's e-prescribing reporting requirements pursuant to the Office of the National Coordinator (ONC) State Health Information Exchange (HIE) Cooperative Agreement Program.

The e-prescribing adoption data presented were;

- Percent of Illinois pharmacies actively e-prescribing. At the end of 2011, overall pharmacy adoption was just over 88%. The target for Q1 of 2012 is just over 90% with a yearend target of approximately 95%.
- Percent of Illinois independent pharmacies actively e-prescribing. At the end of 2011, independent pharmacy adoption was just over 75%. The target for Q1 of 2012 is just under 78% with a yearend target at just under 88%.
- Percent of Illinois authorized physician, physician assistant, and nurse practitioners actively e-prescribing.   40% adoption is projected for the end of 2012.

Phil Burgess (Phil) suggested that measuring the frequency of e-prescribing was also an important indicator of widespread adoption, asking if there was data available on the numbers of electronic scripts sent in the past year. Because e-prescribing plays such a key role in reducing prescription errors, monitoring the frequency of use will help the State evaluate the overall impact of increased e-prescribing by clinicians and provide some measurement for improvement in health outcomes. **Krysta** stated that this data is not currently available through the ONC. **Phil** suggested working with existing data sources in the future to supplement current metrics.

Challenges to Adoption

Phil informed the group that under changes to Illinois Controlled Substance Act, effective January 1, 2012, prescribers now have the capability to e- prescribe controlled substances. **Phil** felt that if physicians were aware of these new changes, adoption would increase. **Phil** noted that one of the benefits of this change would be a decrease in the number of illegitimate prescriptions.

Mary suggested to **Phil** that perhaps the Pharmacy Board, as an education and outreach strategy, could use the HFS listserv to alert pharmacists of the legislative changes. HFS agreed to look into the capability of the listserv and identify relevant provider types for outreach. **Andrew Hamilton (Andrew)** noted that HFS has had success in informing their clinicians that controlled substances can now be e-prescribed. **Mary** suggested that HFS continue to share best practices with communication with the group and also recommended making a webinar on the electronic prescription of controlled substance available to stakeholders. **Mary** also noted that OHIT has participated on numerous ONC hosted calls, exchanging lessons learned and best practices with other states regarding e-prescribing. One of practices recommended by other states was using pharmacy students to do outreach to pharmacists. Other states found this peer-to-peer interaction was beneficial in both eliciting feedback and encouraging adoption.

Sony Rao (Sony) described her work conducting peer-to-peer outreach to Illinois pharmacies enabled with e-prescribing technology but not currently accepting electronic scripts. **Sony** indicated that she had successfully contacted 12 of the 57 inactive pharmacies she has been assigned and provided an overview of the comments and feedback she had received. A few of the pharmacies did not know what e-prescribing was; two had just recently become active; and some stated that they did not see a need to implement e-prescribing based on an assessment of their patient and prescriber population.

Andrew provided an overview of the e-prescribing product implemented at the Alliance. **Andrew** explained the issues that the Alliance has encountered with e-prescribing.

1. Independent pharmacies, many of which the Alliance FQHCs have had long standing relationships, both for prescribing and supporting access to indignant drug programs for medications, have been slower to adopt. However, as indicated by the adoption statistics, there have been improvements over time; there are no issues with the commercial pharmacies.

2. Not currently receiving formulary downloads for Illinois Medicaid patients. Therefore, at the point of care, the clinician may not benefit from the electronic clinical decision support of a drug-formulary

check. With a significant Medicaid patient pollution within the FQHC community, at times it has been difficult to manage clinician expectations and satisfaction. However, the Alliance is aware, through previous communications, that this issue has been identified and that the Medicaid agency is working to address provider concerns and develop the necessary infrastructure to make the network more usable. **Andrew** also noted a secondary benefit of cost savings through appropriate formulary benefits management.

Anita Corey (Anita) explained that HFS is the process of modernizing the Medicaid Management Information System (MMIS). Phase 1 of the MMIS upgrade is to replace the pharmacy benefits management system, which includes e-prescribing and developing a more formalized formulary that can be used. HFS will release a Request for Proposals (RFP) this summer for a Prescription Benefits Manager and hopes to have a vendor in place in 2013.

Andrew asked how frequently HFS updates their formulary; suggesting that in the interim, providers could manually load NCPDP formulary information to their systems. **Blake Roth (Blake)** stated that the HFS formulary is updated as frequently as weekly for new medications, indicating manual workarounds may be prohibitively difficult for providers, especially smaller less resources providers, to implement because of the frequency of which updates would be required.

Mary shared with the group a concern raised by Carle Clinic in Champaign, Illinois. The data fields for a person's name are not matching up between Carle and Surescripts resulting in Surescripts being unable to process the request. **Mary** asked if anyone else had experience similar issues.

Andrew indicated he had heard of a similar issue from his work with the Chicago-metro Regional Extension Center (CHITREC). **Andrew** explained the ANSI 5010 requirements that went into effect January 1, 2012 specifically changed the fields and segments in the standard claims transmission file for payers. Some of the fields that were changed included an increased character length in the first and last name fields. The ANSI 5010 requirements do not apply to intermediaries, and Surescripts has not made the equivalent changes in their systems. Therefore, in situations when the fields are not compatible, Surescripts will reject the transmissions. **Anita** indicated that an extension had been granted for HIPAA ANSI 5010 and D.0 to March 31st, 2012 noting that now many stakeholders are operating in a dual mode. Andrew noted that while the extension was helpful, it has been difficult to manage dual systems during the transition.   Similar issues may be encountered during the transition to ICD-10; it would be important to take lessoned learned from the ANSI 5010 transition and apply them to ICD-10.

Mary requested that Andrew document the Alliance's experience in writing. OHIT can than share this feedback with the ONC, who has a contract with Surescripts to share data with state grantees under the State HIE Cooperative Agreement Program.   There was acknowledgement by Work Group members of the importance of supporting greater coordination among health IT stakeholders and finding better ways to bring vendors to the table prior to rules promulgation.

Next Steps

Mary asked **Anita** to contact Tim Monahan about access to HFS listserv.

Phil will keep the group updated on the tracking of prescribing abuse; the State Prescription Monitoring Program will be added to the next agenda.

Sony will continue outreach to inactive pharmacies.

The data field issue between Surescripts needs to be addressed.

Vendor accountability needs to be improved.

An additional representative from Walgreens will be identified.

Anita also suggested adding Lisa Arndt of the Pharmacy Bureau at HFS, and Pat Law of the Bureau of Comprehensive Health Services at HFS. **Andrew** suggested inviting someone to represent ILHITREC and also recommended that dentists should perhaps be represented.

Public Comment

There were no comments offered.

Adjourn

The meeting was adjourned at 11:00am.